



Shrine Maple Sugar Bowl Advertising Form

Shrine Maple Sugar Bowl, Inc. • P.O. Box 820 • Lebanon, NH 03766

Phone 603-448-1042

Fax 603-448-1092

nhvtshrinebowl@gmail.com • www.shrinemaplesugarbowl.com

Advertiser's Name: _____

Address: _____

City/State/Zip: _____


E-Mail Address: _____ Solicitor: _____

Telephone Number: _____ Fax Number: _____

The following are the rates for the 2023 Advertisement Program

Please note that we will accept ads no later than June 30, 2023

*** PLEASE SEND IN A NEW AD COPY EVEN IF YOU ARE A PREVIOUS AD CUSTOMER ***

Ad Size	Dimensions	Color	Color Price	B&W	B&W Price
Full Page	8.5 x 11	<input type="checkbox"/>	\$800.00	<input type="checkbox"/>	\$600.00
1/2 page	4.75 x 7	<input type="checkbox"/>	\$400.00	<input type="checkbox"/>	\$350.00
1/4 page	3.5 x 4.75	<input type="checkbox"/>	\$200.00	<input type="checkbox"/>	\$150.00
1/8 page	3.5 x 2.15	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>	\$75.00
1/12 page	1.33 x 3.5	<input type="checkbox"/>	\$75.00	<input type="checkbox"/>	\$50.00
Sponsor a Page – list specific page if you have a preference: _____					
<input type="checkbox"/> (Company/Organization Name & City noted on bottom of page) \$125.00					
Donation Page – if you do not wish to have an ad, but want to donate, you will be listed on our Donation Page					
<input type="checkbox"/> Bronze \$1.00 to \$99.00 <input type="checkbox"/> Silver \$100.00-\$249.00 <input type="checkbox"/> Gold \$250.00 and up					
Proudly Display This Personalized Wooden Wall Plaque To Show Your Continued Support					
<input type="checkbox"/> Initial Plaque and first tab: \$100.00					
<input type="checkbox"/> Subsequent annual tabs: \$100.00					
					

NOTE: If choosing COLOR, please submit your ad print ready at 300 dpi resolution or higher as a pdf or jpeg file electronically to nhvtshrinebowl@gmail.com or submit hard copy via US Mail to the above PO Box.

Over →

Payment must accompany ad placement as we do not invoice

☐ **Credit Card** ☐ **Check No.** _____ **Amount** _____

Card Number: _____ (CCV) Security Code _____ Exp. Date _____

Name on Card _____

Billing Address _____

Signature _____

Thank you for your support of the Shriners Children's